

# NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification# <i>245 203</i>	
I. Type of Notification (O = Original R = Revised C = Cancelled) <b>O</b>				
II. FACILITY INFORMATION (identify owner, removal, contractor, and other operator)				
OWNER NAME: <b>Dormitory Authority State of New York</b>				
Address: <b>515 Broadway</b>				
City: <b>Albany</b>	State: <b>NY</b>	Zip: <b>12207-2964</b>		
Contact: <b>Vince Pace</b>		Tel: <b>(845 877-9034)</b>		
Removal Contractor <b>AGA Environmental, Inc.</b>				
Address: <b>271 42<sup>nd</sup> Street, 3<sup>rd</sup> Floor</b>				
City: <b>Brooklyn</b>	State: <b>NY</b>	Zip: <b>11232</b>		
Contact: <b>Gilberto Padilla</b>		Tel: <b>(347) 689-2495</b>		
III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=RENOVATION E=EMER Renovation) <b>Asbestos Removal</b>				
IV. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>				
V. FACILITY DESCRIPTION (include building name, number and floor or room number)				
Bldg. Name: <b>SUNY PURCHASE – FARSIDE RESIDENCE HALL</b>				
Address: <b>735 ANDERSON HILL ROAD</b>				
City: <b>PURCHASE</b>	State: <b>NY - 10577</b>	County: <b>WESTCHESTER</b>		
Site Location: <b>LOWER LEVEL, ENTRY LEVEL, SECOND LEVEL AND THIRD LEVEL (BATHROOMS AND DORMS)</b>				
Building Size:	# of Floor: <b>--</b>	Age in Years:		
Present Use: <b>COLLEGE DORM</b>	Prior Use:			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>MATERIAL: BULK SAMPLING</b>				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	UNIT
PIPE/FITTING INSULATION				Ln Ft:      Ln M:
Surface Area –VAT / MASTIC, CEILING FIREPROOFING				Sq Ft:    32,030    Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)				
Start: <b>5/19/14</b>		Complete: <b>12-31-14</b>		
IX. SCHEDULE DATES DEMO/RENOVATION (MM/DD/YY) start: <span style="float: right;">Complete:</span>				

**XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:**

Attached personal/waste decontamination unit will be built. All work will be performed following NYSDOL rules and regulations. ACM to be wetted before during and after removal. All ACM will be double bagged in asbestos identified bags and a generator label will be applied.

**XII. WASTE TRANSPORTER** 2A456

**Name:** TRI-STATE TRANSFER ASSOCIATES, INC.

**Address:** 199 RANDALL AVENUE

**City:** BRONX

**State:** NY

**ZIP:** 10472

**Contact Person:** RON FINK

**Telephone:** 718-617-0771

**XIII. WASTE TRANSPORTER** #2A730

**Name:** AGA ENVIRONMENTAL, INC

**Address:** 271 42<sup>ND</sup> STREET

**City:** BROOKLYN

**State:** NY

**ZIP:** 11232

**Contact Person:** GILBERTO PADILLA

**Telephone:** (347) 689-2495

**XIII. WASTE DISPOSAL SITE**

**Name:** MINERVA ENTERPRISES

**Address:** 9000 MINERVA ROAD

**City:** WAYNESBURG

**State:** OH

**ZIP:** 44688

**Telephone:** (330) 866-3435

**XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW**

**Name:**

**Title:**

**Authority:**

**Date of Order (MM/DD/YY):**

**Date Order to Begin (MM/DD/YY):**

**XV. FOR EMERGENCY RENOVATIONS**

**Date and Hour of Emergency (MM/DD/YY):**

**Description of the Sudden, Unexpected Event:**

**Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:**

**XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLE, PULVERIZED, OR REDUCED TO POWDER:**

**XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THE PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL HOURS (Required 1 year after promulgation).**

April 23, 2014

Signature of Owner/Operator

Date

**XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.**

April 23, 2014

Signature of Owner/Operator

Date